

YMCA of High Point
DRAFT TERMINATION NOTICE
for Membership

Today's Date: _____

Name _____ Date of Birth _____
(Indicate if more than one person terminating membership)

Address _____ City _____ State _____ Zip _____
Phone (H) _____ (W) _____ (C) _____

Email _____

LAST DRAFT DATE: 2nd 16th Effective Date of Cancellation: _____

Please terminate my membership draft with the YMCA. I understand I must have this form to the appropriate branch **no later than the 25th** of the month to stop my bank draft for the upcoming month. After the 25th the next month's draft will continue to be processed.

REASON FOR TERMINATION

- Relocation
- Financial Reasons
- Illness/Medical Problems
- Job Loss
- Not Using Facility Why? _____
- IF using Another Facility Which One? _____
- Dissatisfied with Facility

- Please contact me.

I understand that I have (30) thirty days from my effective date of termination in which I may rejoin the YMCA without repayment of the joining fee. After 30 days repayment of the joining fee is required.

MEMBER'S SIGNATURE _____ STAFF SIGNATURE _____

Office use:

Date change entered: _____ YMCA Staff Making Change: _____

Received Form by: _____ Date: _____ Time: _____

Contact made-results of conversation: